

## Confidential Recommendation Form

### Applicants to grades Pre-K, Kindergarten, and 1st grade

#### PARENT/GUARDIAN INSTRUCTIONS

Please read and sign before presenting this form to your child's current classroom teacher.

Student Full Name \_\_\_\_\_ Applying to \_\_\_\_\_ grade

I understand that we may not look at this evaluation and assure the evaluator and the school that we will not try to do so. We give permission for the evaluator to release the information on this form to Penn Charter. We understand that as parents we will not have access to this confidential information and that it will not become part of our child's permanent record.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

#### EVALUATOR INSTRUCTIONS

Please complete all portions of this form and return to Penn Charter.

Your comments will be held in strict confidence and we hope you will share candidly about the applicant. Thank you for your cooperation and assistance.

Evaluator Name \_\_\_\_\_ Evaluator Position \_\_\_\_\_

School \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

#### EVALUATION

How long have you known this student? \_\_\_\_\_

Child attends: ☐ Full day ☐ Half day Number of days per week: \_\_\_\_\_

Child's Bathroom skills: ☐ Functions Independently ☐ Requires occasional adult assistance ☐ Not yet in control (please describe)

Does the child receive any of the following services: ☐ Speech ☐ Occupational Therapy (OT) ☐ Physical Therapy (PT) ☐ Additional Support (please list)

Has your school made any accommodations to meet the student's particular needs?

PHYSICAL DEVELOPMENT

Please comment on any notable strengths or areas of concern related to the student's speech, vision, hearing, gross and fine motor development.

Are there any aspects of the child's physical development, fine or gross motor skills, or stamina which would limit full participation in a school's program? If so, how does the child deal with them? What strategies work best for this child?

INTELLECTUAL DEVELOPMENT

Does the applicant appropriately follow directions given individually? ☐ Yes OR ☐ No

Does the applicant appropriately follow directions given to a group? ☐ Yes OR ☐ No

Is the applicant able to appropriately follow multi-step (2 or 3) directions? ☐ Yes OR ☐ No

Please elaborate on any above responses as needed:

EXPRESSIVE SKILLS

	Age Appropriate	Needs Development	Not Assessed/Observed
Clarity of articulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uses "just right" volume and speed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contributes appropriately to discussion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tells story events in sequential order	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please elaborate on any above responses and describe any notable strengths or weaknesses in the student's language and speech development:

How well does the student make meaningful connections between and among the topics learned?

READING AND NUMERICAL READINESS

	Age Appropriate	Needs Development	Not Assessed/Observed
Sound-symbol correspondence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uppercase letter recognition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lowercase letter recognition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral reading fluency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is able to recognize patterns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is able to categorize	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understands comparative terms (size, time)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Student can recite numbers to \_\_\_\_\_

Please elaborate on any above responses as needed:

**SOCIAL/EMOTIONAL DEVELOPMENT**

	Age Appropriate	Needs Development	Not Assessed/Observed
Separation from parents/caregivers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cares for own belongings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cares for others' belongings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respects boundaries and limits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respects teacher/adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to accept responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attention span - self-chosen activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attention span - assigned activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to make transitions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to try new activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please elaborate on any above responses as needed:

How does the student benefit from and engage in classroom routine?

When the student is expected to engage in an activity for an extended period of time, how do they conduct themselves?

When the student is having difficulty with an assigned activity, how do they typically respond?

When the student experiences a conflict at school, how do they typically respond?

**Please describe the student's work habits related to the following:**

	Age Appropriate	Needs Development	Not Assessed/Observed
Pace	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perseverance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Independence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to plan and follow through with a task	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please elaborate on any above responses as needed:

**FAMILY**

*Parents are an important part of our relationship with the student. Please share with us any thoughts you have regarding this family.*

To your knowledge, is the parents' perception of their child consistent with your school's understanding of the child?

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To your knowledge, are you aware of any family circumstances that affect the student's life at school?

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How has the family partnered with your school in support of their child?

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Is there any additional information about this student that the Admissions Committee should be aware of to evaluate the student's fit for the academic program and classroom environment at Penn Charter?

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**Thank you for taking the time to complete this evaluation!**

**Please return this form:**

**By Mail:** Admissions Office, William Penn Charter School, 3000 West School House Lane, Philadelphia, PA 19144

**By Email:** [admissions@penncharter.com](mailto:admissions@penncharter.com)